

BOARD MEMBERS

Alvin Heath, Chairman
Jeff Raiford, Vice Chairman
Leo Gillis
Demetria Noble
Jon Hutcheson

**SUPERINTENDENT**

Dr. Cheryl E. Conley

Telephone: 912-529-7101

Facsimile: 912-529-4226

TREUTLEN COUNTY BOARD OF EDUCATION

5040 South Third Street • Soperton, Georgia 30457

January 27, 2016

Federal Communication Commission
Schools and Libraries Program
CC Docket N. 02-6

Dear FCC Waiver Board:

As the Superintendent for Treutlen County Schools, I am requesting an appeal for 2014 ERATE funding because our **provider failed to acknowledge/certify our 472 invoice prior to the deadline.** The details are listed as follows:

BEN: 127339

CONTACT INFORMATION: Cheryl E. Conley
5040 South Third Street
Soperton, GA 30457
912-529-7101
cconley@treutlen.k12.ga.us

USAC's DECISION LETTER: *I do not have a decision letter from USAC. I received word from my provider that I would not be receiving the funds because the deadline had passed. I called USAC and FCC and they told me to file an appeal with USAC for the 2013 funding and file a waiver with FCC for the 2014 funding.*

DOCUMENTS ATTACHED: email confirmations from USAC; verification that Form 472 was completed in September 2015 prior to the deadline and provider did not certify until January 2016

PROBLEM: Our provider, Plant Telephone, failed to certify our 472 for 2014. Invoice #2245816 contained two FRNs: #2681749 for \$16,200.00 and #2681677 for \$37,497.94. We have already paid for these services and desperately need reimbursement from Plant Telephone. We are a very small, rural system and these funds are astronomical for us. Plant Telephone dropped the ball but they have nothing to lose in this process. They have offered their assistance in getting this issue resolved but the school district is responsible for filing the appeal.

We appreciate your assistance in this matter and ask that you approve our request so that reimbursement be made to the Treutlen County School District for 2014 funding in the amount of \$53,697.94. We are willing to take whatever actions necessary to get this issue resolved. Please advise us of any additional steps that must be taken by the District.

Thank you in advance for your consideration of our request.

Sincerely,

A handwritten signature in black ink, appearing to read 'CEC', with a stylized flourish extending from the end.

Cheryl E. Conley
Superintendent

cc: James Bachtell, FCC

[BEAR Home](#)  [New BEAR Form](#)  [Track Form](#)  [Bulk Download](#)  [Terms and Conditions](#)  [Logout](#)

Track BEAR Forms

Please choose from one or more of the following search options:

Created Date Range:	From:	To:
		
Dollar Amount:	Min:	Max:
<hr/>		
SPIN:		
<hr/>		
Invoice Id:	2245816	
<hr/>		
Applicant Form Identifier:		
<hr/>		
Display Results As:	<input checked="" type="radio"/> BEAR	
	<input type="radio"/> FRN	

Search Results:

Invoice Id ▼	Applicant Form Identifier	SPIN	Status	Reimbursement Amount	Contact Name	Date Created
2245816	Plant Tel 2014	143001469	COMPLETED	\$53,697.94	Cheryl Conley	9/17/2015 11:49:52 AM

[SLD Home](#) | [Contact Us](#)

Client Service Bureau: 1-888-203-8100

© 1997 - 2007, Universal Service Administrative Company. All Rights Reserved.

BEAR Home



New BEAR Form



Track Form



Bulk Download



Terms and Conditions



Logout

Track BEAR Forms

Please choose from one or more of the following search options:

Created Date Range: From: 01/01/2013 To: 01/26/2016



Dollar Amount: Min: Max:

SPIN:

Invoice Id:

Applicant Form Identifier:

Display Results As:

☐ BEAR☒ FRN

Search Results:

BEAR:							
Invoice ID	Applicant Form Identifier	SPIN	Status	Reimbursement Amount	Contact Name	Authorized By	Date Created
2247602	ATT 2013	143001192	COMPLETED	\$11581.92	Cheryl Conley	CHERYLE E. CONLEY	9/21/2015 10:35:59 AM

BEAR Line Items:				
Application Number	Funding Request Number	Total (Undiscounted) Amount for Service	Total Discount Amount Billed to SLC	Line Item Status ▲
900358	2511702	12868.80	11581.92	COMPLETED

BEAR:							
Invoice ID	Applicant Form Identifier	SPIN	Status	Reimbursement Amount	Contact Name	Authorized By	Date Created
2245816	Plant Tel 2014	143001469	COMPLETED	\$53697.94	Cheryl Conley	CHERYLE E. CONLEY	9/17/2015 11:49:52 AM

BEAR Line Items:				
Application Number	Funding Request Number	Total (Undiscounted) Amount for Service	Total Discount Amount Billed to SLC ▼	Line Item Status
983556	2681749	18000.00	16200.00	COMPLETED
983556	2681677	41664.38	37497.94	COMPLETED

BEAR:							
Invoice ID	Applicant Form Identifier	SPIN	Status	Reimbursement Amount	Contact Name	Authorized By	Date Created
2245978	Verizon 2014	143000677	COMPLETED	\$8013.17	Cheryl Conley	CHERYLE E. CONLEY	9/17/2015 1:35:04 PM

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Section 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of your application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting burden for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your own reference)
Printed Tel 2014

FCC Form 472 Invoice #
(To be inserted by administrator) 2245816

BLOCK 1: HEADER INFORMATION

Billed Entity Name	TREUTLEN COUNTY SCHOOL DIST
Billed Entity Number	127339
Service Provider Identification Number (SPIN)	143001469
Contact Name	Cheryl Conley
Contact Telephone Number	912- 5297101 ext

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

led Entity Name TREUTLEN COUNTY SCHOOL DIST Billed Entity Number 127339

Contact Name Cheryl Conley Contact Telephone Number 912-5297101

Applicant Form Identifier Plant Tel 2014

BOOK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

[illegible]

TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)		\$53,697.94
--	--	-------------

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name TREUTLEN COUNTY SCHOOL DIST

Billed Entity Number 127339

Contact Name Cheryl Conley


Applicant Form Identifier Plant Tel 2014

Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.
- I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

Signature of authorized person	Signed electronically by CHERYL E. CONLEY	16. Date	9/17/2015
Printed name of authorized person CHERYL E. CONLEY			
Title or position of authorized person SUPERINTENDENT			
Telephone number of authorized person 912- 5297101			
Address of authorized person 5040 SOUTH THIRD STREET, SOPERTON GA 30457			


We created

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name TREUTLEN COUNTY SCHOOL DIST

Billed Entity Number 127339

Contact Name Cheryl Conley

Applicant Form Identifier Plant Tel 2014

Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

Signature of authorized person (fax, copy or original signature) Signed electronically by Mike Moretz

22. Date 1/22/2016

Printed name of authorized person Mike Moretz

Title or position of authorized person Controller

Telephone number of authorized person - ext 1203

Address of authorized person PO Box 187, 1703 US Hwy 82 W, Tifton GA 31793

Applicant Remittance Information

Name Cheryl Conley

Position Superintendent

Street Address

South Third Street

City erton, GA 30457

Acknowledged by
Provider
"After Deadline"

aper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR FCC Form 472
P.O. Box 7026
Lawrence, KS 66044-7026

ent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR FCC Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

e 5 of 5

FCC Form 472

July 201